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Date: October 7, 2005

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Fat of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10:782,335 RECEIVED **CENTRAL FAX CENTER** February 19, 2004 Filing Date TRANSMITTAL OCT 0 7 2005 SURING C. WATERS First Named Inventor **FORM** 3643 (to be used for all correspondence efter (wital filing) Group Art Unit Fax: (571) 273-8300 Arétrea M. Valenti **Examiner Name** CRECON POZAUS Attorney Docket Number Total No. of Pages in this Submission: 3 ENCLOSURES (check all that exply) ☐ After Allowance Communication ☐ Fee Transmittal Form □ Assignment papers to Group (for an Application) ☐ Fee attached Appeal Communication to Board □ Drawing(s) of Appeals and Interferences □ Amendment/Response □ Licensing-related Papers ☐ Appeal Communication to Group □ After Final (Appeal Notice, Brief, Reply Brief) ☐ Petition Routing Slip (PTO/SE/69) □ Affidavits/declaration(s) and Accompanying Petition □ Proprietary Information □ Extension of Time Request □ To Convert a Provisional Petition ☐ Status Letter (in Duplicate) □ Power of Attorney, Revocation Additional Enclosure(s) □ Express Abandonment Request Change of Correspondence Address (please identify below): ☐ Terminal Disclaimer ☐ Information Disclosure Statement Submission of Supplemental Small Entity Statement Declaration - 1pg □ Certified Copy of Priority Document(s) ☐ Request for Refund Supplemental Declaration - 1pg ☐ Response to Missing Part/s Incomplete Application ☐ Response to Missing Parts under 37 CFR 1.52 er 1.53 REMARKS SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Reg. No. 32,018 Firm or Individual Name Michael J. Bujold CUSTOMER NO. 020210 DAVIS & BUJOLD, P Signature October 7, 2005 Date TE OF TRANSMISSION I hereby certify that this correspondence is being facsimile transmitted to the USPTO on October 7, 2005. Type or printed name Michael J. Bujolch